

The walls were composed of a thin connective-tissue sheath and calcareous plates one upon another, reaching a thickness in some places of four millimetres, and which had to be sawed through in order to open the tumor.

The contents were composed of a buttery, chocolate-colored material of more or less firmness of consistence, in which fatty detritus and disintegrated red blood-cells could always be identified. This material also contained an occasional calcareous crumb.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXIII Kongress, 1894.

JAMES P. WARBASSE (Brooklyn).

CHEST.

I. Observations in 118 Cases of Radical Operation for the Cure of Carcinoma of the Breast. By Dr. WILLIAM T. BULL (New York). Of the total number of cases mentioned, thirty have been operated on within three years of the time of the report, and the final result in three others is not known, so that the real number available for calculating the proportion of cures is reduced to seventy-five. Of these three died from the operation; fifty died from recurrence or metastasis; two are still living with recurrence; four died of other diseases after having passed the "three-year limit" without manifestation of cancerous disease; sixteen remain alive and in good health on January 1, 1894. This gives twenty cured cases out of a total of seventy-five, 26.6 per cent., a higher proportion of cures than has previously been reported (Weir, nearly 20; Curtis, 20.7; Dennis, 25 per cent.). Of the living cured cases the average of time now elapsed since the operation has been six years and a few days. Two only have undergone secondary operations. In ten of his earlier operations the breast only was removed; all these died of cancer at the end of an average period of thirty-four and one-half months, three having undergone several secondary operations; in all the remaining cases the breast was excised together with a liberal amount of skin over it, the fascia of the pectoral muscle, and the

glands of the axilla embedded in their fat. Of patients thus operated on, his records show that in twenty-two the breast alone was found to be diseased, and that of these twelve, or about 54 per cent., were cured. Of forty-six cases, in which the glands were involved as well as the breast, eight, or 17 per cent., were cured, while thirty-eight, or 82 per cent., died of the operation, or a recurrence, or are living with recurrence. The author argues from this that patients should be subjected to complete operation in the earliest stages of the disease.—*Medical Record*, August 25, 1894.

GENITO-URINARY ORGANS.

I. On Suprapubic Prostatectomy. By A. W. MAYO-ROBSON, F.R.C.S. (Leeds). The author reports a series of twelve cases in which he has performed suprapubic prostatectomy during the interval including December, 1887, and January, 1894. The ages of the patients ranged from sixty-one to seventy-three years, three of them being of the latter age. Only one death was attributable to the operation; in this case the fatal result was due to suppuration between the bladder and rectum caused by overdistention of the rectum by the colpeurynter. One patient died from senile asthenia some weeks after the operation, having fully recovered from it and having regained the power of voluntary urination by the urethra. The remaining ten were all restored to health, with natural powers of micturition.

With regard to the principles guiding his selection of cases for this operation, he says that whenever a patient has no large amount of residual urine, and can be made comfortable by the passage of a catheter at night, or night and morning, and where catheterism is well borne and not difficult or distressing, operative treatment is unnecessary. In the presence of complete atony of the muscular coat of the bladder, operation is advisable if the atony be only of short duration, say a few weeks; but if the conditions have existed for many months, the removal of the obstruction to the urinary outflow, even if successfully accomplished, can probably lead to very slight